

1997 Kansas Disability Survey

1997 Kansas Disability Questionnaire

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Section A: General Health

The interview will only take a short time, and all the information obtained in this study will be confidential.

1. Would you say that in general your health is:

Please Read

a. Excellent	1
b. Very good	2
c. Good	3
d. Fair	4
or	
e. Poor	5
Don't know/Not Sure	7
Refused	9

**Do not
read these
responses**

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

a. Number of days

—

b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

3. What were you doing most of the past 12 months?

Please Read

a.	Working on a farm or ranch	0 1
b.	Working a job which requires heavy physical labor such as lifting and pushing	0 2
c.	Working a job which requires light physical labor such as a lot of walking or cleaning	0 3
d.	Working in an office or at a job which does not require physical labor	0 4
e.	Keeping house	0 5
f.	Going to school	0 6
g.	Doing volunteer work	0 7
	or	
h.	Something else (includes retired)	0 8
	Don't know/Not sure	7 7
	Refused	9 9

4. In general, how satisfied are you with your life?

Would you say: **Please Read**

a.	Very satisfied	1
b.	Somewhat satisfied	2
c.	Somewhat dissatisfied	3
	or	
d.	Very dissatisfied	4
	Don't know/Not Sure	7
	Refused	9

**Do not
read these
responses**

Section B: Asthma

5. Has anyone in your household been told by a doctor that they currently have asthma?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 9 (p. 6) | 2 |
| Don't know/Not Sure Go to Q. 9 (p. 6) | 7 |
| Refused Go to Q. 9 (p. 6) | 9 |

6. How many persons in your household with asthma are...

Please Read

Code 1-99

a. 0 to 17 years old?

77 = Don't Know

88 = None

b. 18 years old and older?

99 = Refused

If 6a is "None", "Don't know", or "Refused" Go to Q. 9 (p. 6)

7. Do you currently have asthma?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 9 (p. 6) | 2 |
| Don't know/Not Sure Go to Q. 9 (p. 6) | 7 |
| Refused Go to Q. 9 (p. 6) | 9 |

8. Have you taken any medication for asthma during the past 12 months?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

Section C: Quality of Life

These next questions are about limitations you may have in your daily life.

9. Are you limited in any way in any activities because of any impairment or health problem?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 14 (p. 7) | 2 |
| Don't know/Not sure Go to Q. 14 (p. 7) | 7 |
| Refused Go to Q. 14 (p. 7) | 9 |

10. What is the major impairment or health problem that limits your activities?

- | | |
|---|-----|
| a. Arthritis/rheumatism | 0 1 |
| b. Back or neck problem | 0 2 |
| c. Fractures, bone/joint injury | 0 3 |
| d. Walking problem | 0 4 |
| e. Lung/breathing problem | 0 5 |
| f. Hearing problem | 0 6 |
| g. Eye/vision problem | 0 7 |
| h. Heart problem | 0 8 |
| i. Stroke problem | 0 9 |
| j. Hypertension/high blood pressure | 1 0 |
| k. Diabetes | 1 1 |
| l. Cancer | 1 2 |
| m. Depression/anxiety/emotional problem | 1 3 |
| n. Other impairment/problem | 1 4 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

11. For how long have your activities been limited because of your major impairment or health problem?

a. Days	1		
b. Weeks	2		
c. Months	3		
d. Years	4		
Don't know/Not Sure	7	7	7
Refused	9	9	9

12. Do you expect you will still be limited 12 months from now?

a. Yes	1
b. No	2
Don't know/Not Sure	7
Refused	9

13. Do you now consider yourself to be a person with a disability?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

14. Do you currently use any assistive devices such as a wheelchair, cane, braces, or prosthesis?

a. Yes	1
b. No	2
Don't know/Not Sure	7
Refused	9

15. Does any impairment or health problem now keep you from working at a job or business?

- | | | |
|---------------------|-------------|---|
| a. Yes | Go to Q. 17 | 1 |
| b. No | | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

If the respondent answered "no", "don't know/Not sure" or "Refused" to Q. 9, Q. 14, and Q. 15 then go to Q. 68.

16. Are you limited in the kind or amount of work you can do because of an impairment or health problem?

- | | | |
|---------------------|--|---|
| a. Yes | | 1 |
| b. No | | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

17. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- | | | |
|---------------------|--------------------|---|
| a. Yes | | 1 |
| b. No | Go to Q. 19 (p. 9) | 2 |
| Don't know/Not sure | Go to Q. 19 (p. 9) | 7 |
| Refused | Go to Q. 19 (p. 9) | 9 |

18. Because of any impairment or health problem do you need help with any of the following routine needs:

	Yes	No	DK	REF
a. Preparing meals?	1	2	7	9
b. Shopping?	1	2	7	9
c. Managing money, such as paying bills or keeping track of expenses?	1	2	7	9
d. Using the telephone?	1	2	7	9
e. Doing heavy work around the house like scrubbing floors, washing windows, and heavy yard work?	1	2	7	9
f. Doing light work around the house like doing dishes, straightening up, light cleaning, and taking out the trash?	1	2	7	9

19. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

a. Yes	1
b. No Go to Q. 29 (p. 12)	2
Don't know/Not sure Go to Q. 29 (p. 12)	7
Refused Go to Q. 29 (p. 12)	9

20. Because of any impairment or health problem do you need help with any of the following personal care needs:

	Yes	No	DK	REF
a. Bathing or showering	1	2	7	9
b. Dressing	1	2	7	9
c. Eating	1	2	7	9
d. Getting in and out of bed or chairs	1	2	7	9
e. Using the toilet, including getting to the toilet	1	2	7	9
f. Getting around inside the home	1	2	7	9

21. Who usually helps you with your personal care needs?

Read only if necessary

- | | |
|---|-----|
| a. Parent or guardian | 0 1 |
| b. Husband or wife | 0 2 |
| c. Son or daughter | 0 3 |
| d. Other relative | 0 4 |
| e. Unpaid Volunteer | 0 5 |
| f. Paid employee | 0 6 |
| g. Friend or Neighbor | 0 7 |
| h. Other helper <u>(specify):</u> _____ | 0 8 |
| i. No one helps me Go to Q. 29 | 0 9 |
| Don't know/Not sure Go to Q. 29 | 7 7 |
| Refused Go to Q. 29 | 9 9 |

22. Does this person live in your home?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

23. How satisfied are you with your helper's scheduled hours or availability when you need him or her?

Would you say: **Please Read**

- | | |
|--------------------------|---|
| a. Very Satisfied | 1 |
| b. Somewhat satisfied | 2 |
| c. Somewhat dissatisfied | 3 |
| or | |
| d. Very dissatisfied | 4 |
| Don't know/Not sure | 7 |

Refused 9

24. How satisfied are you with the amount of assistance your helper provides?

Would you say: **Please Read**

- | | |
|--------------------------|---|
| a. Very Satisfied | 1 |
| b. Somewhat satisfied | 2 |
| c. Somewhat dissatisfied | 3 |
| d. Very dissatisfied | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

25. How satisfied are you with your helper's willingness to do what you ask?

Would you say: **Please Read**

- | | |
|--------------------------|---|
| a. Very Satisfied | 1 |
| b. Somewhat satisfied | 2 |
| c. Somewhat dissatisfied | 3 |
| d. Very dissatisfied | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

26. How satisfied are you with your helper's reliability?

Would you say: **Please Read**

- | | |
|--------------------------|---|
| a. Very Satisfied | 1 |
| b. Somewhat satisfied | 2 |
| c. Somewhat dissatisfied | 3 |
| d. Very dissatisfied | 4 |

Don't know/Not sure	7
Refused	9

27. How satisfied are you with your helper's trustworthiness?

Would you say: **Please Read**

a. Very Satisfied	1
b. Somewhat satisfied	2
c. Somewhat dissatisfied	3
d. Very dissatisfied	4
Don't know/Not sure	7
Refused	9

28. How satisfied are you with how your helper treats you?

Would you say: **Please Read**

a. Very Satisfied	1
b. Somewhat satisfied	2
c. Somewhat dissatisfied	3
d. Very dissatisfied	4
Don't know/Not sure	7
Refused	9

29. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

a. Number of days	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

30. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

31. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

32. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

33. During the past 30 days, for about how many days have you felt very healthy and full of energy?

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

b. None If Q. 2 also "None (88)" Go to Q. 36 8 8

Refused	9	9
---------	---	---

35. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

b.	None	8	8
----	------	---	---

Refused	9	9
---------	---	---

Section D: Disability Domains

36. By yourself and not using aids, do you have any difficulty walking across a small room?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 38 (p. 16) | 2 |
| Don't know/Not sure Go to Q. 38 (p. 16) | 7 |
| Refused Go to Q. 38 (p. 16) | 9 |

37. To get around in a room what type of mobility aid or equipment, if any, do you use most often?

Do not read

- | | |
|------------------------------|-----|
| a. Cane or walking stick | 0 1 |
| b. Walker | 0 2 |
| c. Crutch or crutches | 0 3 |
| d. Wheelchair | 0 4 |
| e. Artificial leg | 0 5 |
| f. Brace or braces | 0 6 |
| g. Other aid (Specify:_____) | 0 7 |
| h. No help or aids needed | 0 8 |

**Do not
read these
responses**

- | | |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

38. Which of the following best describes your mode of transportation.

Is it:

Please Read

- a. I own and operate a motor vehicle or other means of getting around on my own 1
- b. Friends, family, attendants, or someone else takes me where and when I want to go 2
- c. I depend on rides from friends or family when I can get them 3
- d. I take public transportation such as the bus, cab, or city lift van 4
- or**
- e. I seldom or never travel because I have no reliable source of transportation 5

**Do not
read these
responses**

- Don't know/Not sure 7
- Refused 9

39. Because of any impairment or health problem do you have any trouble learning, remembering, or concentrating?

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

40. In times of need, how much emotional support would you get from your family and friends?

Would you say:

Please read

- a. Very much 1
- b. Some 2
- c. A little 3
- or**
- d. None at all 4
- Don't know/Not sure 7

Refused

9

41. Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

42. During the past two weeks, did you do any of the following activities?

- | | Yes | No | DK | Ref |
|---|-----|----|----|-----|
| a. Get together socially with friends or neighbors? | 1 | 2 | 7 | 9 |
| b. Talk with friends or neighbors on the telephone? | 1 | 2 | 7 | 9 |
| c. Get together with ANY relatives not including those living with you? | 1 | 2 | 7 | 9 |
| d. Talk with ANY relatives on the telephone not including those living with you? | 1 | 2 | 7 | 9 |
| e. Go to church, temple, or another place of worship for services or other activities? | 1 | 2 | 7 | 9 |
| f. Go out to eat at a restaurant with friends or relatives not including those living with you? | 1 | 2 | 7 | 9 |

43. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?

- | | |
|--------------------------------|---|
| a. About enough | 1 |
| b. Too much | 2 |
| c. Would like to be doing more | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

44. During the past 12 months, did you use any of the following assistive devices?

	Yes	No	DK	Ref
a. Manual wheelchair	1	2	7	9
b. Powered wheelchair	1	2	7	9
c. Powered scooter	1	2	7	9
d. Walker, cane, crutches	1	2	7	9
e. Braces	1	2	7	9
f. Wheelchair lift	1	2	7	9
g. Respirator	1	2	7	9
h. Modified eating utensils, dressing, or grooming aids	1	2	7	9
i. Modified telephone	1	2	7	9
j. Hearing aid	1	2	7	9
k. Other aid (specify:_____)	1	2	7	9

Section E: Health Conditions

45. I am going to read a list of various health conditions that you may have experienced.

Please answer whether each condition is a current problem, past problem, or never a problem:

Please Read	Current Problem	Past Problem	Never a Problem	Don't Know	Refused
a. Arthritis or rheumatism	1	2	3	7	9
b. Back or neck injury or pain	1	2	3	7	9
c. Lung or breathing problem including emphysema and chronic bronchitis	1	2	3	7	9
d. Hearing loss	1	2	3	7	9
e. Eye or vision problems	1	2	3	7	9
f. Heart disease, pain, or failure	1	2	3	7	9
g. Stroke	1	2	3	7	9
h. High blood pressure or hypertension	1	2	3	7	9
i. Diabetes	1	2	3	7	9
j. Cancer	1	2	3	7	9
k. High blood cholesterol	1	2	3	7	9
l. Brain injury	1	2	3	7	9
m. Cirrhosis, hepatitis or other liver problem	1	2	3	7	9
n. Severe allergies	1	2	3	7	9
o. Kidney disease, kidney failure, kidney infection, or kidney stones	1	2	3	7	9
p. Epilepsy or seizures	1	2	3	7	9
q. Cerebral palsy	1	2	3	7	9
r. Spinal cord injury	1	2	3	7	9
s. Missing legs, feet, arms, hands, or fingers	1	2	3	7	9
t. Paralysis of any kind	1	2	3	7	9
u. Stiffness or deformity of the foot, arm, leg, or hand	1	2	3	7	9
v. Reproductive organ or genital problems	1	2	3	7	9
w. Spasms or painful muscle contractions	1	2	3	7	9
x. Osteoporosis	1	2	3	7	9
y. Neurological disorder or other coordination or mobility problem	1	2	3	7	9
z. Migraines or frequent headaches	1	2	3	7	9
aa. Fractures, bone/joint injury	1	2	3	7	9
bb. Urinary or bladder problems	1	2	3	7	9
cc. Bowel problem	1	2	3	7	9
dd. Skin ulcers or sores	1	2	3	7	9
ee. Depression, anxiety, or emotional problem	1	2	3	7	9
ff. Chronic pain	1	2	3	7	9
gg. Chronic fatigue	1	2	3	7	9
hh. Intestinal disease including Crohn's disease or colitis, and stomach ulcers	1	2	3	7	9
ii. Experience side effects from medication	1	2	3	7	9

46. Do you have any other current health problem or condition which I did not mention?

- | | |
|--------------------------------|---|
| a. Yes <u>(Specify):</u> _____ | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

47. Are you taking or should be taking any medication on a daily basis to treat a disease or health problem?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 52 (p. 23) | 2 |
| Don't know/Not sure Go to Q. 52 (p. 23) | 7 |
| Refused Go to Q. 52 (p. 23) | 9 |

48. Would you say that you use medicine(s) as prescribed by the doctor:

- | | |
|---------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. Rarely | 4 |
| or | |
| e. Never | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

49. Are there any prescription medicines that you are supposed to use, but:

	Please Read			
	Yes	No	DK	Ref
a. did not get when first prescribed because of the cost?	1	2	7	9
b. did not get the entire prescription filled because of the cost?	1	2	7	9
c. did not refill when you ran out because of the cost?	1	2	7	9
d. use less often than prescribed in order to stretch them out because of the cost?	1	2	7	9
e. sometimes forget to use?	1	2	7	9
f. do not use as prescribed because of the side effects?	1	2	7	9
g. cannot pick up from the drug store or get delivered?	1	2	7	9
h. do not use because you think you do not need it?	1	2	7	9

50. Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use all of your medicine completely by yourself?

a. Receive help	1
b. All by self Go to Q. 52 (p. 23)	2
Don't know/Not sure Go to Q. 52 (p. 23)	7
Refused Go to Q. 52 (p. 23)	9

51. Do you need help with: **Please Read**

	Yes	No	DK	Ref
a. Ordering, shopping for, or getting medicines from pharmacy	1	2	7	9
b. Reminding, monitoring, measuring, setting up, or taking medicines	1	2	7	9
c. Need other help with medications	1	2	7	9

Section F: Health Care Access

52. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 54 (p. 24) | 2 |
| Don't know/Not sure Go to Q. 55 (p. 24) | 7 |
| Refused Go to Q. 55 (p. 24) | 9 |

53. Do you have any of the following health care coverages:

Ref	Yes	No	DK
a. Private health insurance? 9	1	2	7
b. Medicare? 9	1	2	7
c. Medicaid? 9	1	2	7
d. Other health coverage? Go to Q. 55 (p. 23) 9	1	2	7

54. About how long has it been since you had health care coverage?

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never 8
- Refused 9

55. Supplemental security income or SSI and social security disability insurance or SSDI are programs that provide monthly cash benefits to some people with disabilities who are under 65 years old. Do you receive income from either SSI or SSDI?

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

56. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there a time when you wanted medical care or surgery but could not get it at the time?

- a. Yes 1
- b. No **Go to Q. 58 (p. 25)** 2
- Don't know/Not sure **Go to Q. 58 (p. 25)** 7
- Refused **Go to Q. 58 (p. 25)** 9

57. The last time you did not get the medical care you wanted, what was the MAIN reason you didn't get care?

Do not read

a. Could not afford it/cost/too expensive	0 1
b. No insurance	0 2
c. Doctor did not accept Medicare/Insurance	0 3
d. Not serious enough	0 4
e. Wait too long in clinic/office	0 5
f. Difficulty getting an appointment	0 6
g. Doesn't like/trust/believe in doctors	0 7
h. No doctor available	0 8
i. Did not know where to go	0 9
j. No way to get there/No transportation	1 0
k. Hours not convenient	1 1
l. Speak a different language	1 2
m. Health of another family member	1 3
n. Other reason (specify:_____)	1 4
Don't know/Not sure	7 7
Refused	9 9

58. How many times in the last 12 months have you visited a doctor for a routine check-up or to check a health problem?

a. Number of times (76=76 or more)	— —
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

59. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

If "no," ask "Is there more than one or is there no usual doctor who you go to?"

a. Yes, only one	1
b. More than one	2
c. No	3
Don't know/Not sure	7
Refused	9

60. How many times in the last 12 months have you been hospitalized or treated in an emergency room?

a. Number of times (76=76 or more)	— —
b. None Go to Q. 63 (p. 27)	8 8
Don't know/Not sure Go to Q. 63 (p. 27)	7 7
Refused Go to Q. 63 (p. 27)	9 9

61. What was the reason for your most recent hospitalization or emergency room visit?

(Reason): _____

Don't Know/Not Sure	7 7
Refused	9 9

62. How many days were you hospitalized or did you only visit the emergency room?

Code number of days hospitalized (365=365 or more)	
Emergency room visit only	8 8 8
Don't Know/Not Sure	7 7 7
Refused	9 9 9

63. During the past 12 months, was there a time when you wanted mental health care or counseling but could not get it at the time?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

64. How long has it been since you last visited the dentist or a dental clinic?

Read only if necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 5 |
| Refused | 9 |

65. During the past 12 months, did you receive any services from:

- | Please Read | Yes | No | DK | Ref |
|---------------------------------------|-----|----|----|-----|
| a. a physical therapist? | 1 | 2 | 7 | 9 |
| b. an occupational therapist? | 1 | 2 | 7 | 9 |
| c. an audiologist? | 1 | 2 | 7 | 9 |
| d. a speech therapist or pathologist? | 1 | 2 | 7 | 9 |
| e. a recreational therapist? | 1 | 2 | 7 | 9 |

66. During the past 12 months did you receive:

Please Read	Yes	No	DK	Ref
a. services for alcohol or drug abuse?	1	2	7	9
b. services from a center of independent living?	1	2	7	9
c. respiratory therapy services?	1	2	7	9
d. social work services?	1	2	7	9

67. How would you rate your satisfaction with your overall health care?

Would you say:	Please Read
a. Excellent	1
b. Very good	2
c. Good	3
d. Fair	4
e. Poor	5
Don't know/Not sure	7
Refused	9

Section G: Children Health

These next few questions ask about children's health.

68. How many children under 18 years of age live in your household?

Number of children

None	Go to Q. 72 (p. 31)	8	8
Don't know/Not sure	Go to Q. 72 (p. 31)	7	7
Refused	Go to Q. 72 (p. 31)	9	9

69. Thinking about the children in your household under the age of 18, how many need services or treatment for a health problem beyond what is needed for most children their own age?

Number of children

None	Go to Q. 70 (p. 30)	8	8
Don't know/Not sure	Go to Q. 70 (p. 30)	7	7
Refused	Go to Q. 70 (p. 30)	9	9

69a. Thinking about the children in your household who need services or treatment beyond what is needed for most children their age, how many of these children are covered by private health plans such as plans you or someone else pays for, health insurance through a business, or prepaid plans such as HMO's?

Number of children

None	8	8
Don't know/Not sure	7	7
Refused	9	9

- 69b. Thinking about the children in your household who need services or treatment beyond what is needed for most children their age, how many of these children are covered by a government plan such as Medicaid and MediKan?

Number of children

None	8	8
Don't know/Not sure	7	7
Refused	9	9

70. Thinking about the children in your household under the age of 18, how many have problems or delays in physical development, speech/language development, or difficulties doing activities that are normal for other children their own age?

Number of children

None	8	8
Don't know/Not sure	7	7
Refused	9	9

71. Thinking about the children in your household under the age of 18, how many regularly take prescription medication, require a special diet, or use assistive devices due to a health condition?

Number of children

None	8	8
Don't Know/Not sure	7	7
Refused	9	9

Section H: Demographics

72. Indicate sex of respondent. **Ask Only if Necessary**

Male	1
Female	2

73. What is your age?

Code age in years

Don't know/Not sure	0	7
Refused	0	9

74. What is the highest grade or year of school you completed?

Read Only if Necessary

a. Never attended school or only kindergarten	1
b. Grades 1 through 8 (Elementary)	2
c. Grades 9 through 11 (Some high school)	3
d. Grade 12 or GED (High school graduate)	4
e. College 1 year to 3 years (Some college or technical school)	5
f. College 4 years or more (College graduate)	6
Refused	9

75. Are you:

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

76. What is your race?

Would you say: **Please Read**

- | | |
|-----------------------------------|---|
| a. White | 1 |
| b. Black | 2 |
| c. Hispanic or Latino | 3 |
| d. Asian, Pacific Islander | 4 |
| e. American Indian, Alaska Native | 5 |
| or | |
| f. Other: (specify)_____ | 6 |

Do not	Don't know/Not sure	7
read these		
responses	Refused	9

If the respondent answered "no", "don't know/Not sure" or "Refused" to Q. 9, Q. 13, Q. 14, Q. 69, Q. 70, and Q. 71 then go to closing statement.

77. Is your annual household income from all sources: (94-95)

Read as Appropriate

If respondent refuses at any income level, code refused	a.	Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b.	Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c.	Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d.	Less than \$10,000 If "no," code c	0 1
	e.	Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f.	Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g.	Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h.	\$75,000 or more	0 8
Do not read these responses		Don't know/Not sure	7 7
		Refused	9 9

If the respondent answered "no", "don't know/Not sure" or "Refused" to Q. 9, Q. 14, and Q. 15 then go to closing statement.

78. Are you currently:

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

79. About how much do you weigh without shoes?

**Round
fractions
up**

Weight	pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

80. About how tall are you without shoes?

**Round
fractions
down**

Height	___/ ft/inches
Don't know/Not sure	7 7 7
Refused	9 9 9

81. What county do you live in?

FIPS county code	
Don't know/not sure	7 7 7
Refused	9 9 9

Section I: Tobacco Use

82. Have you smoked at least 100 cigarettes in your entire life?

5 packs
= 100
ciga-
rettes

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 84 (p. 36) | 2 |
| | Don't know/Not sure Go to Q. 84 (p. 36) | 7 |
| | Refused Go to Q. 84 (p. 36) | 9 |

83. Do you now smoke cigarettes everyday, some days, or not at all?

- | | | |
|----|------------|---|
| a. | Everyday | 1 |
| b. | Some days | 2 |
| c. | Not at all | 3 |
| | Refused | 9 |

Section J: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

84. During the past month, did you participate in any physical activities or exercises such as swimming, jogging, softball, basketball, calisthenics, golf, gardening, or walking for exercise?

Yes.....	1
No Go to Q. 87 (p. 37)	2
Don't know/not sure Go to Q. 87 (p. 37)	7
Refused Go to Q. 87 (p. 37)	9

85. How many times per week or per month did you take part in any physical activity or exercise during the past month?

Times per week.....	1
Times per month.....	2
Don't know/not sure.....	7 7 7
Refused.....	9 9 9

86. When you exercised or participated in any physical activity during the past month for how many minutes or hours did you usually keep at it on an average?

Hours and minutes.....	___:
Don't know/not sure.....	7 7 7
Refused.....	9 9 9

Section K: Injury Control

87. How often do you use seatbelts when you drive or ride in a car?

Would you say: **Please Read**

- | | | |
|-------------------|------------------------------|---|
| a. | Always | 1 |
| b. | Nearly Always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| | or | |
| e. | Never | 5 |
| Do not | Don't know/Not sure | 7 |
| read these | Never drive or ride in a car | 8 |
| responses | Refused | 9 |

88. Which of the following best describes whether you have a smoke detector in your home? Is it:

- | | | |
|----|---|---|
| a. | I don't have a smoke detector | 1 |
| b. | I have an installed and working smoke detector | 2 |
| c. | I have a smoke detector, but it is not installed | 3 |
| d. | I have a smoke detector, but it is broken or the battery is missing | 4 |
| | or | |
| e. | I have a smoke detector but do not know if it works | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

89. During the past 12 months, have you fallen?

- | | |
|---------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 91 | 2 |
| Don't know/Not sure Go to Q. 91 | 7 |
| Refused Go to Q. 91 | 9 |

90. During the past 12 months, have you had to see a doctor or nurse because you were injured when you fell?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

91. During the past 12 months, have you suffered a burn which required medical care?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section L: Alcohol Use

92. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 95 (p. 45) | 2 |
| DON'T KNOW/NOT SURE Go to Q. 95 (p. 45) | 7 |
| REFUSED Go to Q. 95 (p. 45) | 9 |

93. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

- | | |
|---------------------|-----|
| a. Number of times | |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

94. During the past month, did you drink 60 or more alcoholic beverages?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section M: Social Context

The next few questions are about your daily life.

95. Do you own or rent your home?

- | | |
|---------|---|
| a. Own | 1 |
| b. Rent | 2 |
| Refused | 9 |

96. How long have you lived at your current address?

Read Only if Necessary

- | | |
|---|---|
| a. Less than six months (1 to 6 months) | 1 |
| b. Less than one year (6 to 12 months) | 2 |
| c. Less than two years (1 to 2 years) | 3 |
| d. 2 or more years | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

97. In the past 30 days, have you been concerned about having enough food for you or your family?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

Section N: Cancer Screenings

These next questions deal with cancer screenings that you may have received.

If the respondent is male skip to Q. 102 (p. 42)

98. A mammogram is an x-ray of each breast to look for breast cancer. Have you had a mammogram within the past two years?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

99. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you had a clinical breast exam during the past two years?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

100. A Pap smear test is a test for cancer of the cervix. Have you had a Pap smear test within the past two years?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

101. Have you had a hysterectomy?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

A hysterectomy is an operation to remove the uterus (womb)

If respondent is aged 18 to 39 go to Q. 106 (p. 43)

102. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
103. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you had this exam within the past five years?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
104. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer or other health problems. Have you had this exam within the past two years?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

If the respondent is female then go to Q. 106 (p. 42).

105. A prostate-specific antigen blood test or PSA test is a blood test to check for prostate cancer. Have had a PSA test within the past two years?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |

Refused

9

Section O: Immunizations

106. During the past 12 months, have you had a flu shot?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

107. Have you ever had a pneumonia vaccination?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

108. During the past ten years, have you received a tetanus shot?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section P: Violence

The last few questions deal with violence. Please remember your answers are confidential and you may refuse any question you want too.

109. How safe from crime do you consider your neighborhood to be?

Would you say: **Please Read**

- | | |
|---------------------|---|
| a. Extremely safe | 1 |
| b. Quite safe | 2 |
| c. Slightly safe | 3 |
| d. Not at all safe | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

110. During the past 12 months how many times has anyone hit you, or pushed you, or hurt you physically in any other way?

- | | | |
|---|---|---|
| a. Number of times (76=76 or more) | | |
| b. None Go to Q. 112 (p. 44) | 8 | 8 |
| Don't know/Not sure Go to Q. 112 (p. 44) | 7 | 7 |
| Refused Go to Q. 112 (p. 44) | 9 | 9 |

111. Thinking of when you have been hit, pushed, or hurt during the past 12 months, what was the relationship of the person(s) who did this?

Was it: **Please Read**

- | | |
|---|----|
| a. your spouse or partner | 01 |
| b. your ex-spouse or ex-partner | 02 |
| c. your boyfriend, girlfriend, or date | 03 |
| d. your ex-boyfriend or ex-girlfriend | 04 |
| e. your parent, brother, sister, or other family member | 05 |
| f. a friend or someone you know | 06 |
| g. a total stranger | 07 |
| h. a paid or volunteer aide, helper, or attendant | 08 |
| Other (specify:_____) | 09 |
| Don't know/Not sure | 77 |
| Refused | 99 |

112. Within the past two years, how many times has anyone forced you into an unwanted sexual act?

- | | |
|--|-----|
| a. Number of times (76=76 or more) | |
| b. None Go to Closing Statement | 8 8 |
| Don't know/Not sure Go to Closing Statement | 7 7 |
| Refused Go to Closing Statement | 9 9 |

113. Thinking of when you were forced into an unwanted sexual act during the past two years, what was the relationship of the person(s) who did this?

Was it: **Please Read**

a. your spouse or partner	01
b. your ex-spouse or ex-partner	02
c. your boyfriend, girlfriend, or date	03
d. your ex-boyfriend or ex-girlfriend	04
e. your parent, brother, sister, or other family member	05
f. a friend or someone you know	06
g. a total stranger	07
h. a paid or volunteer aide, helper, or attendant	08
Other (specify:_____)	09
Don't know/Not sure	77
Refused	99

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.